

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **97787393**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		2		
5	1		1			
6	1		1			
7		2		2		
8		2		2		
9		①		2		
10	1		1			
11	1		1			
12		①		4		
13		1		4		
14		①		4		
15		2		2		
16		①		2		
17	1		1			
18		1		1		
19		1		1		
20		2		2		
21	1		1			
22		1		1		
23		1		1		
24		2		2		
25	1		1			
26		1		1		
27		①		4		
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49						
50						
TOTAL IND.	8	↓	8	↓		↓
TOTAL DEP.	35	↓	39	↓		↓
TOTAL CLAIMS	33		48			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS